

RPMS Data Exchange Agreement

**Alaska Immunization Program
3601 C Street, Suite 540
Anchorage Alaska 99503
Tel 907-269-0312
Toll Free 866-702-8725
Fax 907-562-7802
vactrak@alaska.gov**

This agreement is to be completed by Corporation CEO or designated authority

Background

The Alaska Division of Public Health (DPH) supports VacTrAK, a statewide immunization information system. VacTrAK provides a confidential, HIPAA-compliant system to maintain consolidated immunization records for Alaskans of all ages.

Confidential demographic information may be viewed only by DPH-approved users. General patient information (name, date of birth, and immunization history) will be visible to all users, unless the individual patient has opted out of the program. Detailed patient demographic information may be viewed only by approved users within the patient's medical home.

VacTrAK is capable of conducting bi-directional exchange with RPMS databases allowing both VacTrAK and the site's database to contain up-to-date information. In order for this exchange to function, participating facilities must coordinate with the Indian Health Service or VacTrAK Support to install the BYIM software and the HL7 Bridge.

To participate in VacTrAK:

1. Complete a VacTrAK Enrollment Application.
2. Appoint a person with technical expertise to serve as the point of contact for VacTrAK implementation.
3. Identify users and install appropriate bi-directional exchange software.
4. Begin testing of the data exchange within the staging environment of VacTrAK.
5. Move to the production environment for uploading, updating, and exporting in real-time.

This process will be completed on an individual site basis. On-site training on use of the VacTrAK system will be provided for staff.

For technical details concerning VacTrAK and the bi-directional exchange mechanism, contact VacTrAK Support, as shown above.

RPMS Data Exchange Method

Bi-directional:

- ☐ We agree to participate in VacTrAK and approve bi-directional transmission of patient demographic and immunization data to the system.

Uni-directional:

- ☐ We agree to participate in VacTrAK and approve transmission of patient demographic and encounter data to VacTrAK only.

Tribal Health Corporation Name

Full Name and Title of Corporation CEO or Other Authorized Official

Signature of Corporation CEO or Other Authorized Official

Date

Please complete this form and return it by mail, fax, or e-mail to the VacTrAK Support. If you have any questions, please call direct 907-269-0312 or toll free 866-702-8725.